



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

TO: All Service Facilitation Providers participating in the Virginia Medical Assistance Programs such as the Elderly or Disabled with Consumer Directed Services, Intellectual Disability, and Developmental Disabilities Waivers and the EPSDT Program

FROM: Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 4/26/2016

SUBJECT: New Regulations for Consumer Directed Services Facilitation – Effective January 11, 2016 - **REVISED**

**This memorandum (which supersedes the memo entitled “New Regulations for Consumer Directed Services Facilitation – Effective January 11, 2016) is a REVISION to the previous memo.**

The purpose of this memorandum is to notify Virginia Medicaid Consumer Directed Services Facilitation providers of emergency regulations that became effective January 11, 2016. The emergency regulations are located at: <http://register.dls.virginia.gov/details.aspx?id=5450>. The regulations require: 1. Training requirements for all current and new Service Facilitators; 2. An educational requirement for all new Service Facilitators.

The Department of Medical Assistance Services (DMAS) has posted this information in the form of a presentation on our Learning Network. The presentation may be found at the following link:  
[http://www.dmas.virginia.gov/Content\\_atchs/ln/SF%20Training%20040116.pptx](http://www.dmas.virginia.gov/Content_atchs/ln/SF%20Training%20040116.pptx)

## **General Information Training for Current Providers:**

Beginning **May 15, 2016**, all current Consumer-Directed Services Facilitators shall complete required training and competency assessments (and achieve a score of at least 80% on each of the individual modules). Computer based training is available at:

<http://www.vcu.edu/partnership/servicesfacilitators/index.html>

Satisfactory competency assessments results (80% on each of the individual modules) shall be maintained in the Services Facilitator’s personnel record and are subject to review by DMAS staff and contractors.

Any current Services Facilitator who fails to complete the required training by **August 15, 2016**, may be subject to termination of their provider agreement.

The regulations also require that a condition of renewal of the Medicaid provider agreement, agreement is that all Consumer Directed Services Facilitators shall take and pass the competency assessments every five years and achieve a score of at least 80% on each of the individual modules.

If a Service Facilitator has previous to May 15, 2016 successfully completed this training they should maintain evidence in their personnel record.

### **General Information Education:**

The regulation changes the qualifications for providers applying to Virginia Medicaid to participate as Consumer Directed Services Facilitators as of January 11, 2016. The regulatory changes apply as follows: 1) prior to initial enrollment by the Department as a Consumer Directed Services Facilitator or being hired by a Medicaid-enrolled Services Facilitator provider all new applicants shall possess, at a minimum, either (i) an Associate's degree from an accredited college in a health or human services field, or be a registered nurse (RN) currently licensed to practice in the Commonwealth and possess a minimum of two years of satisfactory direct care experience supporting individuals with disabilities or older adults; or (ii) a Bachelor's degree in a non-health or human services field and possess a minimum of three years of satisfactory direct care experience supporting individuals with disabilities or older adults. (iii) a Bachelor's degree from an accredited college in a health and human service field and possess a minimum of two years of satisfactory direct care experience supporting individuals with disabilities or older adults.

The emergency regulations further:

- Clarify background check requirements; and
- Require access to computer with secure internet.

Please refer to the link listed above for a complete listing of the qualifications.

Services Facilitators may submit any questions regarding the regulatory changes through the following link: [http://www.dmas.virginia.gov/Content\\_pgs/ltc-faq\\_form.aspx](http://www.dmas.virginia.gov/Content_pgs/ltc-faq_form.aspx)

### **Regulatory Information:**

The regulations may be found at the following web portal link:

<http://register.dls.virginia.gov/details.aspx?id=5450>

[12VAC30-50](#). Amount, Duration, and Scope of Medical and Remedial Care Services (amending [12VAC30-50-130](#)). [12VAC30-120](#).

Waivered Services (amending [12VAC30-120-700](#), [12VAC30-120-770](#), [12VAC30-120-900](#), [12VAC30-120-935](#), [12VAC30-120-1020](#), [12VAC30-120-1060](#)).

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### **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx) to learn more.

### **MANAGED CARE ORGANIZATIONS**

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service

individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx).

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.